ORDER FORM

Please complete and fax this form to the desired UniNet Regional Sales Office below.

ATTENTION: (UNINET SALES REP.) _____ **DATE:** _____

UNINET CUSTOMER ID #: _____ **PHONE:** _____ **FAX:** _____ **P.O. #:** _____

BILLING INFORMATION

COMPANY NAME _____

CONTACT _____

COMPANY ADDRESS _____

CITY _____

STATE/PROVINCE _____ ZIP _____

COUNTRY _____

SHIPPING INFORMATION

COMPANY NAME _____

ATTENTION _____

SHIPPING ADDRESS _____

CITY _____

STATE OR PROVINCE _____ ZIP _____

COUNTRY _____

PAYMENT METHOD

☐ COD ☐ CHECK ☐ WIRE ☐ OTHER: _____

☐ CREDIT CARD ☐ TERMS: _____

CREDIT CARD ACCT. # _____

EXP. DATE _____

NAME _____

AUTHORIZED SIGNATURE _____

SHIPPING METHOD

☐ UPS ☐ FEDEX ☐ DHL ☐ OTHER: _____

☐ GROUND ☐ 3 DAY ☐ 2 DAY ☐ NEXT DAY

☐ STANDARD ☐ PRIORITY

☐ BILL TO SHIPPING ACCOUNT # _____

ITEM NUMBER	QTY	DESCRIPTION	PRICE

SPECIAL INSTRUCTIONS

_____

_____

_____

_____

_____

_____

_____

Comments: _____

UNINET REGIONAL SALES OFFICE FAX NUMBERS

U.S. WEST COAST **+ 1-424-675-3400**	**U.S. EAST COAST** **+ 1-888-791-9188**	**EUROPE** **+ 34-93-741-4166**	**PHILIPPINES** **+ 63-2-5843150**	**ARGENTINA** **+ 54-11-4574-3706**
MEXICO **+ 52-722-319-4791**	**COLOMBIA** **+ 57-1-4185094**	**VENEZUELA** **+ 58-241-824244**	**PERU** **+ 51-1-471-9272**	**INTERNATIONAL** **+ 1-424-675-3404**

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